



**St. Thomas the Apostle
2018 Soccer Registration**

Child's Name: _____

Child's grade: _____ Child's date of birth: _____

Address: _____

Home phone: _____

Parent's Name: _____

Parent cell number: _____

Parent email address: _____

Volunteer: _____

Parent signature: _____ Date: _____

Athletic use: _____

Medical forms: _____

Code of Conduct: _____

Registration fee \$100: _____ (cash/check) Check # _____